



Suicide Prevention in the Department of Defense

Col Bob Ireland, USAF, MC, CFS
Program Director for Mental Health Policy
Office of the Assistant Secretary of Defense
(Health Affairs)



Flight Plan

- Suicide Prevention Programs in DoD
 - Service branch Suicide Prevention Programs
 - Suicide Prevention Program Elements
- Examples of Supportive Programming
 - E.g., Leaders' Guides for Personnel in Distress
 - Integrated Delivery of MH Prevention Services
 - MilitaryOneSource
- Wrap-Around Deployment-related Assessmnts
 - In-Theater Mental Health Support
 - Pre- and Post-Deployment Health Assessments

Suicide Prevention Programs in the Department of Defense

- Each Service Branch Has a Suicide Prevention Program & Program Manager
 - Program within the Personnel System
 - Army
 - Navy
 - Marines
 - Program within the Medical System
 - Air Force
- Department of Homeland Defense
 - U.S. Coast Guard parallel Prevention Program

[AFSPP Home](#)



[AFSPP Overview](#)

[Getting Started](#)

[Products](#)

[Policy and Guidance](#)

[Resources](#)

[Press](#)

Air Force Suicide Prevention Program

Welcome to the Air Force Suicide Prevention Program (AFSPP) Website. This site is designed to provide information and tools to members of the Air Force community (Suicide Prevention Program Managers, commanders, gatekeepers, IDS members, etc.) in their efforts to help reduce Air Force suicides. Reducing suicide requires a community effort and we welcome your visit to our site.



[Feedback](#)

[Sitemap](#)

[FAQs](#)



[New to Products! Suicide and Violence Instructor Training: AFSPP Training Course PPT & AFSPP Instructor Agreement](#)

Health and Human Services' **“Best Practice Initiative”**

The Army Suicide Prevention Model



Life Coping
Skills
Awareness
Training

PREVENT

- Identifying High Risk Soldiers
- Caring and Proactive Leaders
- Encouraging Help-seeking Behavior
- Positive Life Coping Skills

Life
Crisis

INTERVENE

- Suicide Awareness and Vigilance
- Integrated & Synchronized Unit and Community-wide support Agencies
- Assured Problem Resolution

Vigilance

Referral

Counseling

Suicide
Ideation

SECURE

- Safeguard
- Psychiatric Treatment
- Psychiatric Assessment

Outpatient
Care

Inpatient
Care

**Suicide
Behavior**

Follow on
Care

Postvention

Suicide Risk Factors

Key Risk Factors

- Depression
- Substance Abuse
- Talk or hints of suicide intent
- Previous suicide attempt

Other Risk Factors

- Preoccupation with death
- Giving away possessions
- Relationship difficulties
- Impulsive anger behavior
- Legal or financial trouble
- Isolation or withdrawal
- Work performance

Suicide



**The second leading
cause of death in the
Marine Corps
and the
Navy.**



What to do?

AID LIFE

A

Ask – Don't be afraid to ask

I

Intervene immediately

D

Don't keep it a secret

L

Locate help

Watch/duty, doctor, nurse,
corpsman, chaplain, friend,
family, hospital

I

Inform

Chain of Command of situation

F

Find

Someone to stay with the person
Don't leave the person alone!

E

Expedite

Get help immediately! A suicidal
person needs immediate attention!



Navy Environmental Health Center



Force Health Protection

Home

Index

Directorates

Field Activities

Special Interest

Ensure Navy and Marine Corps readiness through leadership in prevention of disease and promotion of health



HEALTH TOPICS

SUICIDE PREVENTION HOME PAGE



NAVY MEDICINE
World Class Care...Anytime, Anywhere

☒ **Alcohol & Drug Abuse Prevention**

☒ **Clinical Practice Guidelines**

☒ **Clinical Preventive Services**

☒ **Clinical Epidemiology**

☒ **Crews Into Shape**

☒ **Health Risk Assessment**

☒ **Injury Prevention**

☒ **Nutrition**

☒ **Physical Fitness**

☒ **Post Deployment**

☒ **Periodic Health Assessment**

☒ **Sexual Health & Responsibility (SHARP)**

☒ **Weight Management**

My Personal Health **Health Educators/Coordinators/Instructors**

Providers



My Personal Health

Health Educators/Coordinators/Instructors

Providers

Suicide Prevention Taking Action Saving Lives

Suicide has been the #2 or #3 leading cause of death among both Sailors and Marines during the past decade. The tragic loss exacts a heavy toll on the family, friends, unit and command left behind. Efforts to recognize and understand the risk and protective factors, to know how to help, and to effectively intervene are goals of a comprehensive command and public health suicide prevention program. For additional information and resources contact SST@nehc.mar.med.navy.mil or visit our Website.

1-800-784-2433
Suicide Prevention Hotline

Confidential Mental Health Screening

About Us | Health Topics | Training | Products & Publications | Health Promotion Award | NEHC Home | Health Promotion HomePage

Elements of Suicide Prevention

- Leadership Involvement
- Addressing Suicide through Professional Military Education
- Guidelines for Commanders
 - Use of MH Services
- Community Preventive Services
- Community Education and Training

Elements of Suicide Prevention

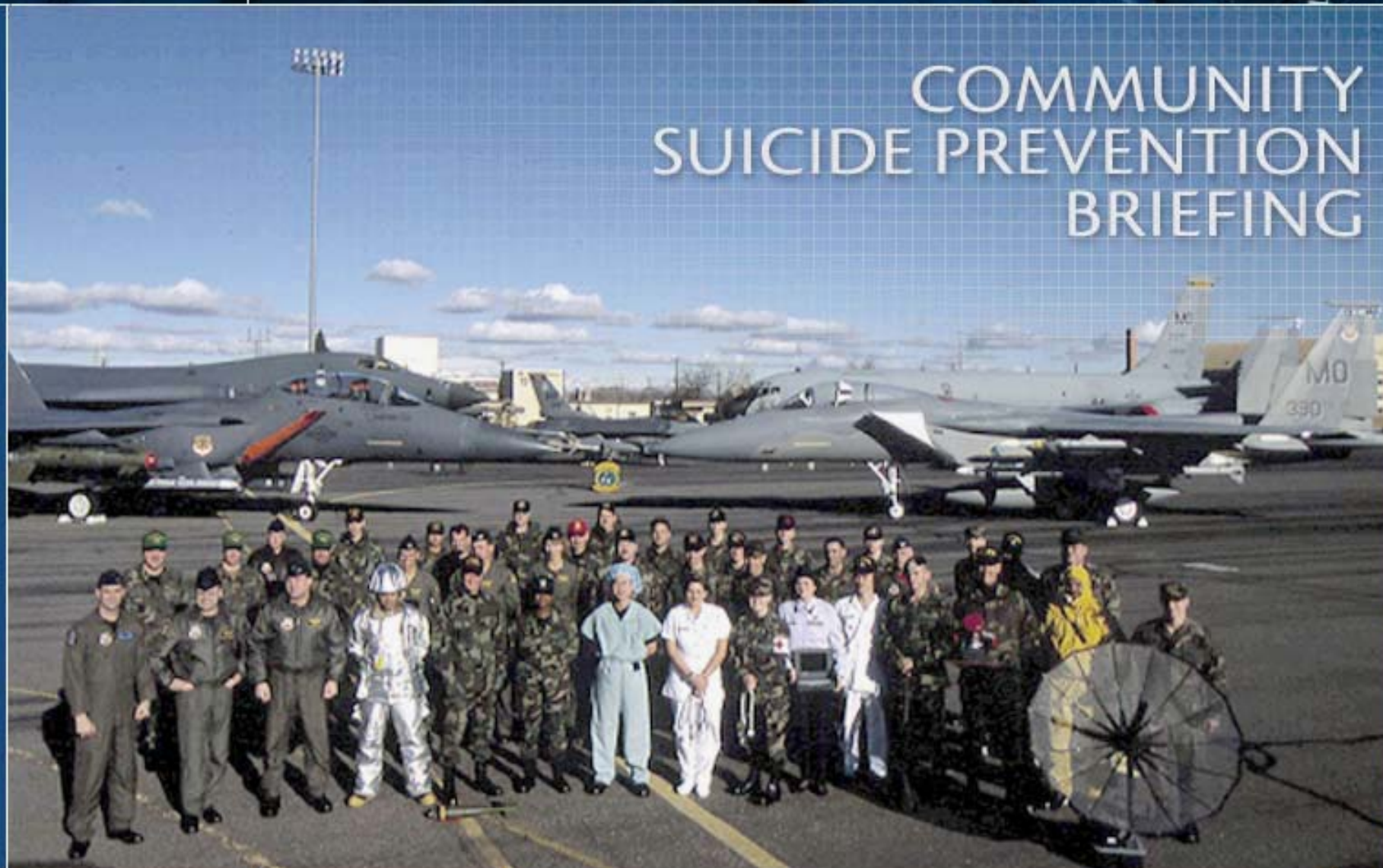
- Investigative Interview Policy
 - (Hand-off Policy)
- Psychological 1st Aid after Traumatic Events
- Integrated Delivery System Prev. Services
- Limited Patient Privilege
- Behavioral Health Survey
- Epidemiological Database and Surveillance System



AFSPP

Air Force Suicide Prevention Program

COMMUNITY SUICIDE PREVENTION BRIEFING



◀ BACK

NEXT ▶

INTRODUCTION

exit

Suicide Prevention and Risk Reduction Committee (SPARRC)

- DoD Level Suicide Prevention
 - Monthly meeting sponsored by Health Affairs
 - Suicide Prevention Managers
 - DoD Mental Health Leaders
 - Coordinate initiatives and share resources
 - Host Annual DoD Suicide Prevention Conf.
 - Leading academic & military MH leaders
 - Integrates theory with military applications
- Suicide Rate Standardization Work Group

Health Affairs Organization

Health
Affairs

Search for

in

Beneficiary Pages

Go

Browse A To Z

Go

[Health Affairs Home](#)[Messages from the ASD](#)[About Health Affairs](#)[Clinical Programs](#)[Force Health Protection
and Readiness](#)[Policy Documents](#)[Statements to Congress](#)[In the News](#)[MHS Strategic Plan](#)[Smallpox](#)[Budget Information](#)

MHS Information

Beneficiary Information

Provider Information



2006 Military Suicide Prevention Conference

February 6-9, 2006
Seminole Hard Rock Hotel & Casino, Hollywood, FL



The Annual Military Suicide Prevention Conference will be held at the Seminole Hard Rock Hotel and Casino on February 6 - 9, 2006. This conference will provide updates on current suicide prevention initiatives, statistics, research, and specific Services' programs (including instructions, policies and resources) and those in the civilian community. In addition, there will be a half-day course on performing psychological autopsies. Attendees will be able to return to their installations with up-to-date information, and be prepared to implement and manage the programs required. February 6 will consist of a General Session with guest speakers. The Service Specific Breakouts, open for all to attend, will take place the morning of February 7, with a multi-Service panel discussion afterwards, and then the continuation of the General Session. The morning of February 9 will consist of the Psychological Autopsy workshop and discussion of conducting mortality investigations. The entire conference will conclude at 1300 on February 9th.

This conference is being held for all branches of Service. Attendees will consist of Suicide Prevention Program Managers, Behavioral Health Professionals, Counselors, Chaplains and Chaplain Assistants, Unit Suicide Prevention Officers, Members of installation Suicide Prevention Committees, Health Promotion Professionals, Substance Abuse Professionals, Command and unit leaders involved in suicide prevention, and Public Affairs Professionals. Those in other fields are welcome to attend, and the media is also welcome.

Conference Registration:

CONFERENCE REGISTRATION CLOSED: In order to ensure adequate meeting space and supplies for all attendees, conference registration is now closed. If you have any questions or concerns, please contact Ms. Severine Bennett at Severine.Bennett@lmco.com.

Risk Factors for Suicide in Military

- Same at home or deployed
- Problems with:
 - Intimate relationships
 - The law
 - Finances
 - Mental health
 - Job performance
 - Alcohol or other substance use

Protective Factors

- A sense of social support
- Effective coping skills
- Policies and norms that encourage effective help-seeking behaviors

Suicide Rates



- Civilian rates
- DoD Rates

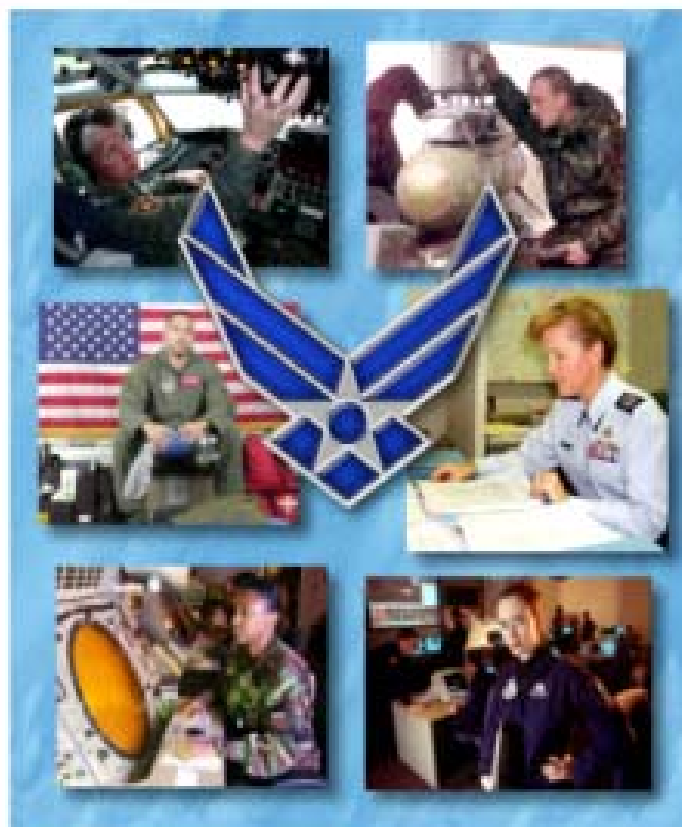
Examples of Supportive Programming

- Family Support Programs
- Family Advocacy Program
- Health and Wellness Centers
- Physical Fitness Centers
- Chaplains
- Morale and Welfare Programs
 - Hobbies, crafts, auto shops, theaters, concerts
- New Parent Support Programs



Leader's Guide For Managing Personnel in Distress

-  [Home](#)
-  [AF/CVA Memo](#)
-  [Main Index](#)
-  [Settings & Layout](#)
-  [Using The Guide](#)
-  [Executive Summary](#)
-  [Community Resources](#)
-  [Leadership In Action](#)
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Welcome to the **United States Air Force** Leader's Guide
for Managing Personnel in Distress

This guide is UNCLASSIFIED and
For Official Use Only (FOUO).

Leader's Guide Overview

- Designed to help leaders
 - Recognize and respond to distress
 - Active duty and civilian unit members
- Guide development
 - 24 month project
 - Working group: Commanders, First Shirts, IDS members, program managers (Family Advocacy; Suicide Prevention; Alcohol/Drug), MAJCOM Behavioral Health Consultants, AF Safety, civilian experts, content experts throughout AF
 - Involvement of over 100 individuals

Organization

- CD, 35 areas of distress
- Each topic
 - Overview
 - Relevant policy
 - Suggested resources
 - References
- Checklist
 - Scenarios
 - Behaviors/signs
 - General support actions

Topics

- Alcohol and drug abuse
- Anxiety
- Civilian personnel
- Critical incidents/unit death/pre-exposure prep
- Depression
- Domestic violence and family maltreatment
- Suicidal behaviors
- Work related violence
- Work related stressors
- New assignment/PCS

Topics, Cont.

- Special family needs
- Legal problems
- Medical problems
- Sexual assault and rape
- Sexual harassment/stalked
- Physical assault
- Automobile accident
- Robbery/burglary/crime victim
- Relationship/marital problems
- Death of someone close

Topics continued

- Fire/destruction of property
- Financial pressures
- Separation/retirement
- Support during administrative separation
- CDEs/profiles/medical boards
- Psychiatric hospitalization
- Following personnel in distress
- IDS & other community organizations/resources
- Deployment and operational stressors
- Homeland security and distress

Topics continued

- Unintentional injury and safety
- Work performance problems
- Natural helpers-B.A.S.I.C. peer support
- Self care in distress prevention
- Leadership in action – strategies for distress prevention and management
- Deployments

Example: Suicide

I. Overview

- Identifying Individuals at Risk
- Ways to Respond
- Intervening When Immediate Help is Required
- What Leaders Can Expect From Mental Health
- Suicide of a Unit Member

II. Relevant Policy

III. Suggested Resources

IV. References

Suicidal Behaviors--Checklist

PRINT

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	GENERAL SUPPORTIVE ACTIONS
<p>A member displays behaviors suggestive of risk for suicide</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Comments that suggest thoughts of suicide <input type="checkbox"/> Giving away possessions <input type="checkbox"/> Uncharacteristic risk taking (e.g., reckless driving) <input type="checkbox"/> Appearing overwhelmed by recent stressor(s) <input type="checkbox"/> Displaying significant change in mood <input type="checkbox"/> Displaying poor impulse control <input type="checkbox"/> Significant change in workplace performance <input type="checkbox"/> Seeing situation as hopeless <input type="checkbox"/> Obsessing about death, dying, etc. <input type="checkbox"/> Making amends or challenging people in an aggressive manner <input type="checkbox"/> Acquiring a method for suicide (e.g., buying a handgun) <input type="checkbox"/> Rehearsing suicidal acts 	<ul style="list-style-type: none"> <input type="checkbox"/> Ask "How are you doing?" "Is there anything I can do to help?" <input type="checkbox"/> Inquire directly about whether he or she is considering suicide ("Have you had thoughts about wanting to harm or kill yourself?") <input type="checkbox"/> Keep them safe--do not leave them alone <input type="checkbox"/> Take steps to remove potential means of self-harm including firearms, pills, knives, and ropes <input type="checkbox"/> If suicidal thoughts are present, encourage voluntary evaluation at LSSC immediately. Escort person to LSSC. Verify with LSSC that member was evaluated. <input type="checkbox"/> If member declined to self-refer, initiate an emergency Commander Directed Evaluation <input type="checkbox"/> Involve the Security Forces if agitated or combative <input type="checkbox"/> If you need answers to specific questions in order to make a decision i.e., appropriateness for certain duties or retention in the Air Force, request a commander directed evaluation <input type="checkbox"/> If hospitalization is required, inquire with LSSC about what assistance is needed (e.g., arranging for child care or pet care)

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	TAILORED SUPPORT
<p>Behavioral health provider informs you that the member is at increased risk for suicide, but member refuses treatment and does not meet criteria for involuntary hospitalization</p>	<p><input type="checkbox"/> Same as above</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Communicate a personal desire to see the member return to well-being and to full functioning as soon as possible <input type="checkbox"/> Express concern and encourage professional help-seeking <input type="checkbox"/> Inquire as to whether the individual has at least one source of support. If needed, try to find an acceptable support person, such as the chaplain or peer <input type="checkbox"/> Inquire about barriers of seeking help at LSSC <input type="checkbox"/> Remove from duties involving access to weapons, poisons, etc. <input type="checkbox"/> Collaborate with LSSC to develop plan to monitor risk and provide support. Frequent follow-up will be important <input type="checkbox"/> Take steps to limit access to personal firearms, medications, or other potential means of suicide (work with the member and consult with family members, roommates, etc). Consult with SJA and Security Forces

The member is under suspicion or investigation for a UCMJ violation and shows evidence of suicidality	<ul style="list-style-type: none"> <input type="checkbox"/> Talking about suicide <input type="checkbox"/> Depressed mood or agitation worsens <input type="checkbox"/> Increasing hopelessness 	<ul style="list-style-type: none"> <input type="checkbox"/> Consider LPSP program <input type="checkbox"/> Discuss the nature of the protections with the member
The member is in treatment at LSSC but condition is worsening	<ul style="list-style-type: none"> <input type="checkbox"/> Increasingly impaired work performance <input type="checkbox"/> Depressed mood or agitation worsens <input type="checkbox"/> Increasing social isolation <input type="checkbox"/> Worsening personal appearance <input type="checkbox"/> Bizarre or unusual behavior <input type="checkbox"/> Talking of suicide <input type="checkbox"/> Noticeable change or decline after a period of stability 	<ul style="list-style-type: none"> <input type="checkbox"/> Collaborate with LSSC to develop plan to monitor risk and provide support <input type="checkbox"/> Take steps to limit access to personal firearms, medications or other potential means of suicide (work with the member and consult with family members, roommates, etc). Consult with SJA and Security Forces. <input type="checkbox"/> Communicate a personal desire to see the member return to well-being and to full functioning as soon as possible



NAVY Leader's Guide

SITE MANAGEMENT

- ☒ **Glossary**
- ☒ **Site Recognition**

LEADERS

- ☒ **Life Challenges For Leaders**

DEPLOYMENT

- ☒ **Pre-Deployment Concerns**
- ☒ **Deployment Concerns**
- ☒ **Combat and Operational Stress Reactions**
- ☒ **Post Deployment Concerns**

MEDICAL

- ☒ **Medical Treatment Problems**
- ☒ **Limited Duty/Medical Boards**

Purpose of the Navy Leader's Guide

The purpose of the Navy Leader's Guide for Managing Personnel in Distress is to help Leaders at all levels (Commanding Officers, Command Master Chiefs, Department Heads, Division Officers, Chiefs) recognize distress related behaviors, provide support to Sailors within the unit, and collaborate with helping agencies to meet the needs of individuals in distress. The guide aims to assist leaders in the decision-making process by describing a broad range of supportive interventions, resources, and strategies for supporting Sailors in distress. It also provides guidance on effective communications with Navy helping personnel.

The Guide is focused on assisting Leaders employ awareness and intervention strategies *before* a Sailor has reached the threshold of debilitating distress, as indicated by emotional difficulties, alcohol or substance abuse, violence or behaviorally linked accidents. It provides guidance to leaders on giving emotional and material support to individuals across the continuum of distress, from a healthy and prevention status, to severe distress.

■ **Helping Sailors in Distress**

When Sailors encounter life stressors, they are often able to cope by gathering support from friends, family, and coworkers. Leaders, however, are in a unique position to support personnel experiencing difficulties through personal interactions, unit policies, and coordination with base helping agencies. It is important to initiate support at the point when people are first experiencing mild or moderate levels of distress. This is preferable to waiting until they are in crisis.

■ **Leadership Involvement is a Team Process**

Commanding Officers, Command Master Chiefs, and Supervisors are key members of any prevention effort. Each has a tremendous opportunity to provide interventions early when non-medical interventions can have the greatest positive outcome for the Sailor and the unit. Good communication between leaders, helping agencies, and Sailors allows the team process to work well.

MENTAL HEALTH & SUBSTANCE ABUSE

- ☒ Alcohol & Drug
- ☒ Anxiety
- ☒ Command Directed Evaluation
- ☒ Depression
- ☒ Psychiatric
- ☒ Suicide

PERSONNEL & FAMILY

- ☒ Critical Incident
- ☒ Death of Unit Member
- ☒ Domestic Violence
- ☒ Financial Problems
- ☒ Legal Problems
- ☒ Marital Problems
- ☒ PCS
- ☒ Special Family Needs
- ☒ Separation/Retirement
- ☒ Work Stress

SEXUAL MISCONDUCT

- ☒ Sexual Assault
- ☒ Sexual Harassment/Stalking

SAILOR SELF CARE

- ☒ Resiliency
- ☒ Self-Care
- ☒ Peer Helpers

agencies, and Sailors allows the team process to work well.

■ Supporting Individuals in Distress is Vital to Force Health Protection

Force Health Protection addresses all health related threats affecting the Sailor's ability to accomplish the mission. A healthy and fit force is a necessary component for Force Health Protection.

- Distress prevention and management are key components of Force Health Protection and addressing stressful life events early is an important facet.
- Stress prevention entails a broad range of efforts for supporting personnel when they face difficult life challenges, including addressing problems before distress occurs.
- Distress management focuses on helping the person moderate their reaction to difficult situations and includes efforts to help build resiliency.





LEADERS GUIDE FOR MANAGING MARINES IN DISTRESS



[Click for
Additional
Downloads](#)

Deployment

Combat and Operational
Stress

Deployment Cycle Issues

Family

Marital Problems

Domestic Abuse

Child Maltreatment

Exceptional Family
Members

Personal

Financial Problems

Legal Problems

Retirement/Separations

Harassment

Sexual Harassment

Sexual Assault

Substance Use

Alcohol Use

Drug Use

Emotional

Grief and Loss

Suicidal Behavior

Mental Health Problems

WELCOME

The Leaders Guide for Managing Marines in Distress is designed to provide guidance and tools to leaders on what to look for, what to do and specific resources for helping Marines who are in distress.

The Leaders Guide is a quick reference, designed to help leaders at all levels take care of Marines within the unit who are in distress because of their situation or behavior. It covers approximately 40 different problems Marines may face.

Problems that Marines face whether deployment related, financial or personal can all be detrimental not only to the readiness of the individual Marine, but to the entire unit as well. These issues can occupy a great amount of the leaders time and personnel, and can have significant consequences for the command and the Marine if the issue is not quickly addressed and handled effectively.



Even the most motivated and well-trained Marines can find themselves in difficult situations. These situations, while infrequent, can weigh heavily on each Marines mind. Some Marines handle these problems well on their own, but others may not. These Marines will look to their leaders for guidance. The Leaders Guide provides the information and resources a leader needs to help their Marines overcome problems that have the potential to become severely debilitating.

Reducing Stigma/High Confidentiality

- MilitaryOneSource
- Masters level counselors
- Augmented family support
- Online education, resources, and chat
- Email, phone, and face-to-face counseling
- Multiple languages
- Referral assistance

How may we help you?

- ▶ Parenting & Child Care
- ▶ Personal & Family Readiness
- ▶ Education
- ▶ Midlife & Retirement
- ▶ Older Adults
- ▶ Disability
- ▶ Financial
- ▶ Legal
- ▶ Everyday Issues
- ▶ Work
- ▶ International
- ▶ Managing People
- ▶ Health
- ▶ Emotional Well-Being
- ▶ Addiction & Recovery

¿Habla Español?

- ▶ ¿Necesita información en español?

My Military OneSource

Sign Up



This Month's Feature

If there is one thing Service members and their families are accustomed to, it is change...

[more](#)

Department of Defense offers you access to Military OneSource Online, where you can find help to cope with life's little -- and not so little -- issues. Click on a topic of interest on the left, under the **How May We Help You?** heading, or use the key word search in the top right corner. You can access informative articles, helpful tools, audio tips on hundreds of specific topics, and much more.

Forgot your UserID/Password? Call: Stateside: 1-800-342-9647, or Overseas: 800-3429-6477 or Overseas Collect: 1-484-530-5908

Weekly Poll

When your military spouse is deployed and a military pay problem arises you:

- ☐ Feel comfortable in dealing with the pay system and the problem



[When a Co-Worker Returns to Work from Military Duty](#)

[Wave to Support a Co-Worker or Friend](#)

Events

Moderated Chat

Transition to Middle School

02:00PM EDT

08/25/05

[go](#)

LifeWorkshops

[View Archives](#)

Featured Tools

- ▶ Video Tips
- ▶ Financial Calculators
- ▶ Child Care Locator
- ▶ Elder Care Finder

[Show all](#)

Self-Assessments

- ▶ Quick Quizzes
- ▶ Retire, Rewire, Renew? Planning Your Life After 50
- ▶ What Help Does My Older Relative Need?
- ▶ How Healthy Are You?

[Show all](#)

Other Helpful Resources

How may
we help you?

- ▶ Parenting & Child Care
- ▶ Personal & Family Readiness
- ▶ Education
- ▶ Midlife & Retirement
- ▶ Older Adults
- ▶ Disability
- ▶ Financial
- ▶ Legal
- ▶ Everyday Issues
- ▶ Work
- ▶ International
- ▶ Managing People
- ▶ Health
- ▶ Emotional Well-Being
- ▶ Addiction & Recovery

¿ Habla Español ?

- ▶ ¿Necesita información en español?

My Military OneSource

[▶ Sign Up](#)[Home](#) > [Emotional Well-Being](#)

Military OneSource Online provides you with useful information and resources to help you balance your work and family life. **Please select an issue from the list below.**

If you would like to talk to a Military OneSource consultant for assistance with issues related to Emotional Well-Being, you can **call Stateside: 1-800-342-9647, or Overseas: 800-3429-6477, or Overseas Collect: 1-484-530-5908, anytime 24/7.** This service is provided by your organization and is completely confidential. TTY/TDD access is available 800-346-9188.

View Resources On:

▶ Mental Health

ADD and ADHD , Anger Management , Anxiety , Depression , Eating Disorders , Mood Disorders , Other Mental Health Issues , Personality Disorders

▶ Relationships

Abuse and Neglect , Couples , Cross-Cultural Concerns , Divorce/Separation - Emotional Aspects , Family Relationships , Non-Family Relationships

▶ Personal Issues

Balancing Work and Life , Coping with Illness , Grief and Loss , Personal Growth , Single Issues , Stress Management

▶ Violence and Crisis

Natural Disaster , Sexual Assault , Suicide , Violence and Trauma

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¿Habla Español?

- ▶ [¿Necesita información en español?](#)

Issues related to Personal & Family Readiness, you can **Call Stateside: 1-800-342-9647, or Overseas: 800-3429-6477, or Overseas Collect: 1-484-530-5908, anytime 24/7**. This service is provided by your organization and is completely confidential. TTY/TDD access is available 800-346-9188.

View Resources On:

- ▶ **Deployment and Return**
[Dealing with Deployment](#) , [Preparing for Deployment](#) , [Reservist Issues](#) , [Returning from Deployment](#)
- ▶ **Emergency Preparedness**
[Emergency Preparedness](#)
- ▶ **Everyday Military Life**
[Military Life](#) , [Military Protocol](#)
- ▶ **Military Benefits**
[Casualty Assistance](#) , [Military Benefits](#)
- ▶ **Military Families**
[Dealing With Grief and Loss](#) , [Military Family Life](#) , [Military Spouses](#) , [Special Needs Family Members](#)
- ▶ **Military Relocation**
[Adjusting to a New Community](#) , [Changing Schools](#) , [International Relocation](#) , [Preparing for Relocation](#) , [Spouse Employment](#)
- ▶ **Severely Injured Service Members**
[Care and Benefits](#) , [Family Impacts](#) , [Physical Accommodations](#) , [Vocational Training/Rehabilitation](#)
- ▶ **Single Service Members**
[Adjusting to Life on Your Own](#) , [Relationships and Friendships](#)



Feeling Disconnected?

Put the Pieces Together.

The Mental Health Self-Assessment Program

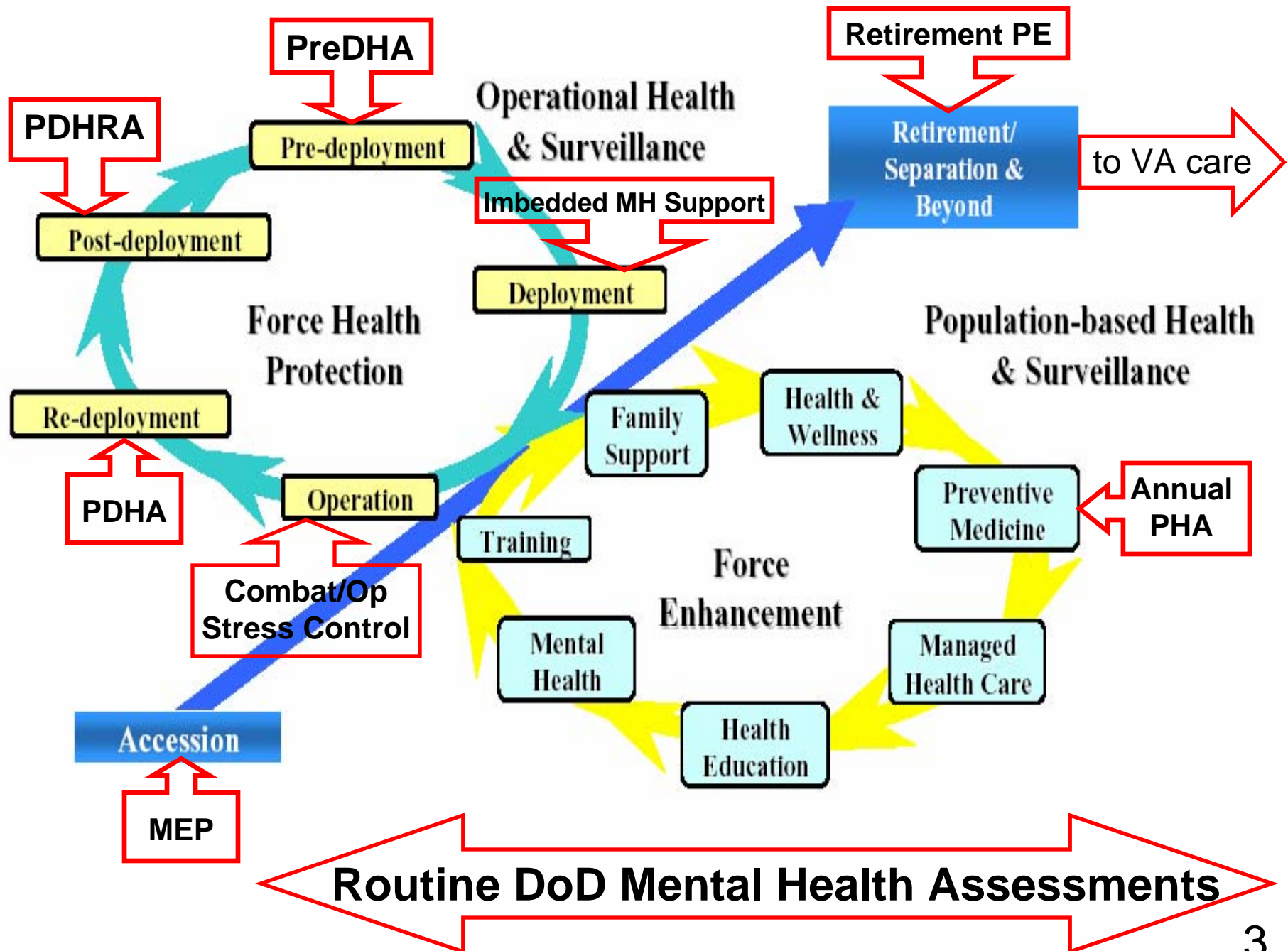
Welcome to the Mental Health Self-Assessment Program

Military life, especially deployments or mobilizations, can present challenges to service members and their families that are both unique and difficult. Some are manageable, some are not. Many times we can successfully deal with them on our own. In some instances matters get worse and one problem can trigger other more serious issues. At such times it is wise to check things out and see what is really happening. That's the purpose of these totally anonymous and voluntary self-assessments.

These questions are designed so you can review your situation with regard to some of the more common mental health issues. The screening will not provide a diagnosis – for that you need to see a professional. But, it will tell you whether or not you have symptoms that are consistent with a condition or concern that would benefit from further evaluation or treatment. It will also give you guidance as to where you might seek assistance.

[Begin the Screening](#)

Mental Health Support and the Deployment Cycle





Additional Slides

Pre-Deployment

- Pre-Deployment health assessment
 - An opportunity to access mental health care

Health Assessment

1. Would you say your health in general is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
2. Do you have any medical or dental problems? ☐ Yes ☐ No
3. Are you currently on a profile, or light duty, or are you undergoing a medical board? ☐ Yes ☐ No
4. Are you pregnant? (FEMALES ONLY) ☐ Don't Know ☐ Yes ☐ No
5. Do you have a 90-day supply of your prescription medication or birth control pills? ☐ N/A ☐ Yes ☐ No
6. Do you have two pairs of prescription glasses (if worn) and any other personal medical equipment? ☐ N/A ☐ Yes ☐ No
7. During the past year, have you sought counseling or care for your mental health? ☐ Yes ☐ No
8. Do you currently have any questions or concerns about your health? ☐ Yes ☐ No

Please list your concerns:

Service Member Signature

I certify that responses on this form are true.

DD Form 2795

Post-Deployment Health Assessment

- A Global Assessment of
 - Health
 - Exposures
 - MH symptoms

DD Form 2796

14. While you were deployed, were you exposed to: _____

(mark all that apply)

<u>No</u>	<u>Sometimes</u>	<u>Often</u>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DEET insect repellent applied to skin
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pesticide-treated uniforms
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Environmental pesticides (like area fogging)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Flea or tick collars
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pesticide strips
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Smoke from oil fire
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Smoke from burning trash or feces
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vehicle or truck exhaust fumes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tent heater smoke
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	JP8 or other fuels
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fog oils (smoke screen)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Solvents
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Paints
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ionizing radiation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Radar/microwaves
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lasers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loud noises
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excessive vibration
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Industrial pollution
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sand/dust
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depleted Uranium (If yes, explain) _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other exposures _____

Post-Deployment Global Health Assessment

Stress Related Items:

7. Did you see anyone wounded, killed or dead during this deployment?
(mark all that apply)

☐ No ☐ Yes - coalition ☐ Yes - enemy ☐ Yes - civilian

8. Were you engaged in direct combat where you discharged your weapon?

☐ No ☐ Yes (☐ land ☐ sea ☐ air)

9. During this deployment, did you ever feel that you were in great danger of being killed?

☐ No ☐ Yes

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?

☐ No ☐ Yes

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

None Some A Lot

☐ ☐ ☐ Little interest or pleasure in doing things

☐ ☐ ☐ Feeling down, depressed, or hopeless

☐ ☐ ☐ Thoughts that you would be better off dead or hurting yourself in some way

DD Form 2796

33348

Post-Deployment Global Health Assessment

Stress-Related Items:

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you

No

Yes

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Have had any nightmares about it or thought about it when you did not want to? |
| <input type="radio"/> | <input type="radio"/> | Tried hard not to think about it or went out of your way to avoid situations that remind you of it? |
| <input type="radio"/> | <input type="radio"/> | Were constantly on guard, watchful, or easily startled? |
| <input type="radio"/> | <input type="radio"/> | Felt numb or detached from others, activities, or your surroundings? |

15. On how many days did you wear your MOPP over garments?

--	--

No. of days

16. How many times did you put on your gas mask because of alerts and NOT because of exercises?

--	--

No. of times

17. Were you in or did you enter or closely inspect any destroyed military vehicles?

☐ No ☐ Yes

13. Are you having thoughts or concerns that ...

No

Yes

Unsure

- | | | | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | You may have serious conflicts with your spouse, family members, or close friends? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | You might hurt or lose control with someone? |

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

☐ No ☐ Don't know
☐ Yes, explain with date and location

Post-Deployment cont.

- Post-Deployment Briefings
 - For members, and for members & families
 - Transition from using combat skill-sets/responses
 - Specific training to recognize combat patterns
 - Coaching regarding how to re-adapt to home life
 - Family members advised re: potential symptoms
 - Educational materials
 - Use of support and clinical resources reviewed

Post-Deployment Re- Assessments

The DoD Checks for Delayed Problems

Post-Deployment Health Re- Assessment

- DoD Re-Assessments began Sep 2005
 - Assess members 3-6 months after return from deployment
 - Members who develop delayed PTSD symptoms have opportunity to review symptoms and get help, as needed
 - Briefed about resources available

Post-Deployment RE-ASSESSMENT DoD Form 2900

8. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
9. Have you had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you				
a. Have had any nightmares about it or thought about it when you did not want to		<input type="radio"/> Yes	<input type="radio"/> No	
b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it		<input type="radio"/> Yes	<input type="radio"/> No	
c. Were constantly on guard, watchful, or easily startled		<input type="radio"/> Yes	<input type="radio"/> No	
d. Felt numb or detached from others, activities, or your surroundings		<input type="radio"/> Yes	<input type="radio"/> No	
10. a. In the PAST MONTH, did you use alcohol more than you meant to?		<input type="radio"/> Yes	<input type="radio"/> No	
b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking?		<input type="radio"/> Yes	<input type="radio"/> No	
11. Over the PAST MONTH, have you been bothered by the following problems?	Not at all	Few or several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. If you checked off any problems or concerns on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
<input type="radio"/> Not difficult at all	<input type="radio"/> Somewhat difficult	<input type="radio"/> Very difficult	<input type="radio"/> Extremely difficult	
13. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)?		<input type="radio"/> Yes	<input type="radio"/> No	
14. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern?		<input type="radio"/> Yes	<input type="radio"/> No	
15. Are you currently interested in receiving assistance for a family or relationship concern?		<input type="radio"/> Yes	<input type="radio"/> No	
16. Would you like to schedule a visit with a chaplain or a community support counselor?		<input type="radio"/> Yes	<input type="radio"/> No	